## Edgar Filing: Kaufmann Michael C - Form 4

| Kaufmann M  | lichael C                     |   |   |           |           |   |   |                 |           |  |  |
|---|-------------------------------|---|---|-----------|-----------|---|---|-----------------|-----------|--|--|
| Form 4<br>September 1   | 9 2011                        |   |   |           |           |   |   |                 |           |  |  |
| FORN  | Л                             |   |   |           | ~~~       |   |   | OMB AF          | PROVAL    |  |  |
|   | UNITED                        | STATES SECUI<br>Wa  | RITIES A<br>shington,                                   |           |           | NGE C   | COMMISSION  | OMB<br>Number:  | 3235-0287 |  |  |
| Check th<br>if no long<br>subject to<br>Section 1                         | statem                        | ox<br>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES   |   |           |           |   |   |                 |           |  |  |
| Form 4 o<br>Form 5<br>obligatio<br>may cont<br><i>See</i> Instru<br>1(b). | Filed purs<br>ns Section 17(a | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section |   |           |           |   |   |                 |           |  |  |
| (Print or Type I  | Responses)                    |   |   |           |           |   |   |                 |           |  |  |
| 1. Name and A<br>Kaufmann M   | Symbol                        | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>CARDINAL HEALTH INC [CAH]  |   |           |           |   | 5. Relationship of Reporting Person(s) to Issuer  |                 |           |  |  |
|   |                               |   |   |           |           | JAIIJ   | (Check all applicable)  |                 |           |  |  |
| (Last)<br>7000 CARE   | (Month/I                      | 3. Date of Earliest Transaction<br>(Month/Day/Year)<br>09/15/2011   |   |           |           | Director 10% Owner<br>X Officer (give title Other (specify<br>below)<br>CEO, Pharmaceutical Segment |   |                 |           |  |  |
|   |                               |   | 4. If Amendment, Date Original<br>Filed(Month/Day/Year) |           |           |   | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person |                 |           |  |  |
| DUBLIN, C   | OH 43017                      |   |   |           |           |   | Form filed by M<br>Person   | ore than One Re | porting   |  |  |
| (City)  | (State) (                     | (Zip) Tab   | le I - Non-D  | erivative | Secur     | ities Acq   | uired, Disposed of  | , or Beneficial | ly Owned  |  |  |
| (Instr. 3) any  |                               | Execution Date, if  | Code (Instr. 3, 4 and 5)                                |           |           | Securities<br>Beneficially<br>Owned<br>Following<br>Reported  | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)                                    |                 |           |  |  |
|   |                               |   | Code V  | Amount    | or<br>(D) | Price<br>\$   | Transaction(s) (Instr. 3 and 4)   |                 |           |  |  |
| Common<br>Shares  | 09/15/2011                    |   | F <u>(1)</u>  | 444       | D         | 41.58   | 78,652  | D               |           |  |  |
| Common<br>Shares  |                               |   |   |           |           |   | 32  | I               | By Spouse |  |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## Edgar Filing: Kaufmann Michael C - Form 4

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     |                    | Unde<br>Secur | int of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Own<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|--|---|---------------------|--------------------|---------------|--|---|---|
|   |   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title         | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

| Reporting Owner Name / Address                                | Relationships |           |                             |       |  |  |  |
|---|---------------|-----------|-----------------------------|-------|--|--|--|
|   | Director      | 10% Owner | Officer                     | Other |  |  |  |
| Kaufmann Michael C<br>7000 CARDINAL PLACE<br>DUBLIN, OH 43017 |               |           | CEO, Pharmaceutical Segment |       |  |  |  |
| Signatures  |               |           |                             |       |  |  |  |
| /s/ James E. Barnett,<br>Attorney-in-fact                     |               | 09/19/201 | 1                           |       |  |  |  |

<u>\*\*</u>Signature of Reporting Person

Date

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Represents withholding of shares to satisfy tax withholding obligations of the reporting person in connection with the vesting of 7,900 restricted share units.
- (2) Reflects closing price on prior business day.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.